Case 17-10079 Doc 134 Filed 05/17/19 Entered 05/17/19 13:09:17 Main Document

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MISSOURI EASTERN DIVISION

In re: SOUTHEAST HEALTH CENTER OF REYNOLDS	§ Case No. 17-10079-399
	§
	§
Debtor(s)	§

TRUSTEE'S FINAL REPORT (TFR)

The undersigned trustee hereby makes this Final Report and states as follows:

- 1. A petition under Chapter 7 of the United States Bankruptcy Code was filed on January 31, 2017. The undersigned trustee was appointed on February 07, 2017.
 - 2. The trustee faithfully and properly fulfilled the duties enumerated in 11 U.S.C. §704.
- 3. All scheduled and known assets of the estate have been reduced to cash, released to the debtor as exempt property pursuant to 11 U.S.C. § 522, or have been or will be abandoned pursuant to 11 U.S.C. § 554. An individual estate property record and report showing the disposition of all property of the estate is attached as **Exhibit A.**

Funds were disbursed in the following amounts:

Payments made under an interim distribution 30,000.00 Administrative expenses 262,806,13 13,849.41 Bank service fees Other payments to creditors 0.00 Non-estate funds paid to 3rd Parties 0.00 Exemptions paid to the debtor 0.00 Other payments to the debtor 0.00 Leaving a balance on hand of $\frac{1}{2}$ 555.209.71

The remaining funds are available for distribution.

5. Attached as **Exhibit B** is a cash receipts and disbursements record for each estate bank account.

¹ The balance of funds on hand in the estate may continue to earn interest until disbursed. The interest earned prior to disbursement will be distributed pro rata to creditors within each priority category. The trustee may receive additional compensation not to exceed the maximum compensation set forth under ¹¹ U.S.C. § 326(a) on account of the disbursement of the additional interest.

Case 17-10079 Doc 134 Filed 05/17/19 Entered 05/17/19 13:09:17 Main Document

- 6. The deadline for filing non-governmental claims in this case was 05/18/2017 and the deadline for filing governmental claims was 07/30/2017. All claims of each class which will receive a distribution have been examined and any objections to the allowance of claims have been resolved. If applicable, a claims analysis, explaining why payment on any claim is not being made, is attached as **Exhibit C**.
 - 7. The Trustee's proposed distribution is attached as **Exhibit D**.
- 8. Pursuant to 11 U.S.C. § 326(a), the maximum compensation allowable to the trustee is \$46,343.26. To the extent that additional interest is earned before case closing, the maximum compensation may increase.

The trustee has received \$0.00 as interim compensation and now requests the sum of \$46,343.26, for a total compensation of \$46,343.26. 2 In addition, the trustee received reimbursement for reasonable and necessary expenses in the amount of \$0.00 and now requests reimbursement for expenses of \$774.49, for total expenses of \$774.49. 2

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Date: 05/09/2019	By:/s/CHARLES W. RISKE
	Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. $\S 1320.4(a)(2)$ applies.

Exhibit A

Page: 1

Form 1 Individual Estate Property Record and Report Asset Cases

Case Name: SOUTHEAST HEALTH CENTER OF REYNOLDS Filed (f) or Converted (c): 01/31/17 (f)

§341(a) Meeting Date: 03/13/17

Claims Bar Date: 05/18/17

Period Ending: 05/09/19 **Claims Bar Date:** 05/18/17

	1	2	3	4	5	6
Ref.#	Asset Description (Scheduled And Unscheduled (u) Property)	Petition/ Unscheduled Values	Estimated Net Value (Value Determined By Trustee, Less Liens, Exemptions, and Other Costs)	Property <u>Abandoned</u> OA=§554(a)	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1	Lease - MO-21, Ellington, Missouri 63638,	0.00	0.00		0.00	FA
2	350 East Walnut, Ellington, MO 63638, Lease,	0.00	0.00		0.00	FA
3	Checking Account (General) Account at US Bank, x	374,294.80	374,294.80		374,339.57	FA
4	Checking Account (AP) Account at US Bank, xxxxxx	1,000.00	1,000.00		1,000.00	FA
5	Checking Account (Payroll) Account at US Bank, x	1,000.00	1,000.00		1,000.00	FA
6	Claims against Advanced Healthcare Management Se (u)	Unknown	250,000.00		250,000.00	FA
7	A/R Over 90 days old. \$702787 Face \$352968 Doubt Trustee abandons the estate's interest in any uncollected accounts receivables.	349,819.00	2,000.00		11,960.20	FA
8	Office furniture	25,000.00	25,000.00		8,418.73	FA
9	Office Equipment	69,548.17	69,548.17		23,523.41	FA
10	Other inventory or supplies: Medical Supplies	23,885.31	23,885.31		8,043.36	FA
11	Medical Equipment - See Attachment. Valuation	241,359.69	241,359.69		81,653.10	FA
12	Staples Vendor Refund (u)	Unknown	2,939.35		2,939.35	FA
13	Pharmacy Rebate (u)	Unknown	3,248.64		3,248.64	FA
14	Propane Refund (u)	Unknown	1,484.75		1,484.75	FA
15	Credit for returned drugs (u)	Unknown	2,517.91		2,839.49	FA
16	Class Action Claim vs Contexo Media, LLC et al (u)	Unknown	1.00		0.00	FA
17	Electric Company Deposit Refund (u)	Unknown	2,613.26		2,613.26	FA
18	BC/BS Provider Bonus Payment (u)	Unknown	5.97		5.97	FA
19	Geismann v. Contexo claim (u)	Unknown	2,450.00		2,450.00	FA
20	Chapter 5 Causes of Action (u) Trustee abandons the estate's interest in any uncollected Chapter 5 judgments and causes of action.	Unknown	11,000.00		78,247.13	FA

Printed: 05/09/2019 03:54 PM V.14.50

Exhibit A

Page: 2

Form 1 **Individual Estate Property Record and Report Asset Cases**

Case Number: 17-10079-399 Trustee: (450460)CHARLES W. RISKE

> SOUTHEAST HEALTH CENTER OF REYNOLDS Filed (f) or Converted (c): 01/31/17 (f)

> > §341(a) Meeting Date: 03/13/17

Period Ending: 05/09/19 **Claims Bar Date:** 05/18/17

	1	2	3	4	5	6
Ref. #	Asset Description (Scheduled And Unscheduled (u) Property)	Petition/ Unscheduled Values	Estimated Net Value (Value Determined By Trustee, Less Liens, Exemptions, and Other Costs)	Property <u>Abandoned</u> OA=§554(a)	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
21	Phamaceutical Returns - Devos, Ltd (u)	Unknown	7,940.43		7,940.43	FA
22	Class action claim - Rudel Corporation (u)	Unknown	0.04		0.04	FA
23	Leehar Distributors Rebates (u)	Unknown	157.82		157.82	FA
23	Assets Totals (Excluding unknown values)	\$1.085.906.97	\$1 022 447 14	·	\$861 865 25	\$0.00

Major Activities Affecting Case Closing:

Case Name:

TFR will be filed after the State of Missouri amends it claim and a final attorney fee application is filed. State advises that amended claim is in process.

Initial Projected Date Of Final Report (TFR): **Current Projected Date Of Final Report (TFR):** March 13, 2018 March 31, 2019

Printed: 05/09/2019 03:54 PM V.14.50

Page: 1

Form 2 Cash Receipts And Disbursements Record

 Case Number:
 17-10079-399

 Trustee:
 CHARLES W. RISKE (450460)

 Case Name:
 SOUTHEAST HEALTH CENTER OF REYNOLDS
 Bank Name:
 Rabobank, N.A.

Account: ******5866 - Checking Account

Blanket Bond: \$54,523,076.00 (per case limit)

Period Ending: 05/09/19 Separate Bond: N/A

Taxpayer ID #: **-***0575

1	2	3	4		5	6	7
Trans.	{Ref #} /				Receipts	Disbursements	Checking
Date	Check #	Paid To / Received From	Description of Transaction	T-Code	\$	\$	Account Balance
03/08/17	{3}	U. S. Bank	US Bank - Main Account - in Part	1129-000	360,000.00		360,000.00
03/14/17	{7}	Tricare Payment	A/R	1121-000	121.13		360,121.13
03/14/17	{7}	Kenneth Angel	A/R	1121-000	25.00		360,146.13
03/14/17	{7}	Florence Smith	A/R	1121-000	135.00		360,281.13
03/14/17	{7}	Cam Conway	A/R	1121-000	10.00		360,291.13
03/14/17	{7}	Patricia Jarvis	A/R	1121-000	13.90		360,305.03
03/14/17	{7}	Rhonda Hattenhauer	A/R	1121-000	25.00		360,330.03
03/14/17	{7}	Jacklyn Cook	A/R	1121-000	15.00		360,345.03
03/14/17	{7}	Charley Campbell	A/R	1121-000	25.00		360,370.03
03/14/17	{15}	Guaranteed Returns	Returned Drugs	1229-000	2,470.13		362,840.16
03/14/17	{15}	Guaranteed Returns	Returned Drugs	1229-000	47.78		362,887.94
03/14/17	{14}	Amerigas Propane, LP	Propane gas refund	1229-000	1,484.75		364,372.69
03/14/17	{7}	Louise Jennings	A/R	1121-000	115.32		364,488.01
03/14/17	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		364,498.01
03/14/17	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		364,508.01
03/31/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		365.92	364,142.09
04/13/17	{4}	US Bank	Close Bank Account	1129-000	1,000.00		365,142.09
04/13/17	{5}	US Bank	Close Bank Account	1129-000	1,000.00		366,142.09
04/28/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		490.18	365,651.91
05/31/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		578.52	365,073.39
06/07/17	{7}	Charley Campbell	A/R	1121-000	25.00		365,098.39
06/07/17	{7}	Charley Campbell	A/R	1121-000	25.00		365,123.39
06/07/17	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		365,133.39
06/07/17	{7}	Anthem	A/R	1121-000	455.04		365,588.43
06/07/17	{7}	Consumer Adjustment Co. Inc.	A/R	1121-000	50.00		365,638.43
06/07/17	{7}	Curtis Martin	A/R	1121-000	25.00		365,663.43
06/07/17	{13}	Southeast Health Center of Ripley County	Pharmacy Rebate	1229-000	1,219.13		366,882.56
06/07/17	{13}	Southeast Health	Pharmacy Rebate	1229-000	2,029.51		368,912.07
06/07/17	{12}	Southeast Health	Staples Vendor Refund	1229-000	2,939.35		371,851.42
06/24/17	{3}	US Bank	Close checking account	1129-000	14,339.57		386,190.99
06/30/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		534.31	385,656.68
07/22/17	101	ROBERT E. EGGMANN	Court Order of 6/28/17 Doc 51	3210-000		25,962.56	359,694.12
07/22/17	102	ROBERT E. EGGMANN	Court Order of 6/28/17 Doc 51	3220-000		272.93	359,421.19
07/31/17	{7}	Charley Campbell	A/R	1121-000	25.00		359,446.19
07/31/17	{7}	Charley Campbell	A/R	1121-000	25.00		359,471.19
07/31/17	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		359,481.19

Subtotals: \$387,685.61 \$28,204.42

Page: 2

Form 2 Cash Receipts And Disbursements Record

 Case Number:
 17-10079-399

 Trustee:
 CHARLES W. RISKE (450460)

 Case Name:
 SOUTHEAST HEALTH CENTER OF REYNOLDS
 Bank Name:
 Rabobank, N.A.

Account: ******5866 - Checking Account

Blanket Bond: \$54,523,076.00 (per case limit)

 Taxpayer ID #:
 -*0575
 Blanket Bond:
 \$54,523,0

 Period Ending:
 05/09/19
 Separate Bond:
 N/A

1	2	3	4		5	6	7
Trans.	{Ref #} /				Receipts	Disbursements	Checking
Date	Check #	Paid To / Received From	Description of Transaction	T-Co	ode \$	\$	Account Balance
07/31/17	{7}	Gregory Tindle, Jr.	A/R	1121-	000 10.00		359,491.19
07/31/17	{7}	Gregory Tindle, Jr.	A/R	1121-	000 10.00		359,501.19
07/31/17	{7}	Account 143722 (Name illegible)	A/R	1121-	000 25.00)	359,526.19
07/31/17	{7}	Genco Pharmaceutical Services	A/R	1121-	000 40.86	3	359,567.05
07/31/17	{17}	Black River Electric Cooperative	Deposit Refund	1229-	000 2,613.26	1	362,180.31
07/31/17	{7}	Consumer Adjustment Co. Inc.	A/R	1121-	000 6,688.65	1	368,868.96
07/31/17	{7}	Care Improvement Plus	A/R	1121-	000 11.70)	368,880.66
07/31/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-	000	532.44	368,348.22
08/15/17		BCL Auction LLC	Proceeds of public auction sale of personal property	al	121,160.05	5	489,508.27
	{8}		Sale of office furniture 8,418	3.73 1129-	000		489,508.27
	{9}		Sale of office equipment 23,420	.29 1129-	000		489,508.27
	{11}		Sale of medical 81,277 equipment	7.67 1129-	000		489,508.27
	{10}		Proceeds from sale of 8,043 medical supplies	3.36 1129	000		489,508.27
08/31/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-	000	668.62	488,839.65
09/29/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-	000	679.68	488,159.97
10/10/17	{7}	Care Improvement Plus	A/R	1121-	000 85.80	1	488,245.77
10/10/17	{7}	Southeast Health Center of Ripley County	A/R	1121-	000 311.66	;	488,557.43
10/10/17	{7}	Southeast Health Center of Ripley County	A/R	1121-	000 343.75	5	488,901.18
10/10/17	{7}	Charley Campbell	A/R	1121-	000 25.00	1	488,926.18
10/10/17	{7}	Charley Campbell	A/R	1121-	000 25.00)	488,951.18
10/10/17	{7}	Gregory Tindle, Jr.	A/R	1121-	000 10.00	1	488,961.18
10/10/17	{7}	Gregory Tindle, Jr.	A/R	1121-	000 10.00		488,971.18
10/10/17	{18}	Blue Cross Blue Shield	Bonus Payment	1221-	000 5.97	,	488,977.15
10/10/17	{7}	Curtis Martin	A/R	1121-	000 25.00		489,002.15
10/18/17	103	Bill Cockrum Liquidations, LLC	Commission per 10/4/17 order DOC 73	3630-	000	18,174.00	470,828.15
10/18/17	104	Bill Cockrum Liquidations, LLC	Expenses per 10/4/17 order DOC 73		000	3,908.00	466,920.15
10/30/17	{19}	Geismann v. Contexo Settlement Fund	Class action claim proceeds		000 2,450.00		469,370.15
10/31/17		Rabobank, N.A.	Bank and Technology Services Fee		000	749.76	468,620.39
11/17/17	{20}	Humana	Preference settlement	1241-	000 11,000.00		479,620.39
11/20/17	{20}	United HealthCare	Preference settlement	1241-	000 7,500.00		487,120.39
11/28/17	{20}	Mid-South	Preference Settlement	1241-	000 7,856.29		494,976.68

Subtotals: \$160,207.99 \$24,712.50

Page: 3

Form 2 Cash Receipts And Disbursements Record

 Case Number:
 17-10079-399

 Trustee:
 CHARLES W. RISKE (450460)

Case Name: SOUTHEAST HEALTH CENTER OF REYNOLDS Bank Name: Rabobank, N.A.

Account: ******5866 - Checking Account

Blanket Bond: \$54,523,076.00 (per case limit)

Period Ending: 05/09/19 Separate Bond: N/A

Taxpayer ID #: **-***0575

1	2	3	4		5	6	7
Trans. Date	{Ref #} / Check #	Paid To / Received From	Description of Transaction	T-Code	Receipts \$	Disbursements	Checking Account Balance
11/28/17	105	ROBERT E. EGGMANN	Court Order of 11/09/17 Doc 81	3210-000		38,386.50	456,590.18
11/28/17	106	ROBERT E. EGGMANN	Court Order of 11/09/17 Doc 81	3220-000		18.86	456,571.32
11/30/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		685.04	455,886.28
12/01/17		BLC Auction, LLC	Sale of remaining hospital items		156.77		456,043.05
			Auctioneer's fees -71.7	8 3610-000			456,043.05
			Auctioneer's moving -250.0 expenses	3620-000			456,043.05
	{9}		Sale of remaining office 103.1 equipment and furniture	2 1129-000			456,043.05
	{11}		375.4	3 1129-000			456,043.05
12/29/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		643.26	455,399.79
12/30/17	{20}	Beckman Coulter, Inc.	Preference Settlement	1241-000	7,324.44		462,724.23
01/25/18	{7}	Southeast Health	A/R	1121-000	467.50		463,191.73
01/25/18	{7}	Charley Campbell	A/R	1121-000	25.00		463,216.73
01/25/18	{7}	Charley Campbell	A/R	1121-000	25.00		463,241.73
01/25/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		463,251.73
01/25/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		463,261.73
01/25/18	{7}	Blue Cross Blue Shield	A/R	1121-000	32.05		463,293.78
01/25/18	{7}	Blue Cross Blue Shield	A/R	1121-000	25.00		463,318.78
01/25/18	{7}	Debra Loyd	A/R	1121-000	56.35		463,375.13
01/26/18	{20}	Hackworth, Ferguson & Thompson	Preference Settlement	1241-000	27,757.00		491,132.13
01/26/18		Hackworth, Ferguson & Thompson	Settlement with Advanced Healthcare		90,000.00		581,132.13
	{6}		250,000.0	00 1249-000			581,132.13
			Satisfaction of -130,000.0 administrative claim	2410-000			581,132.13
			Satisfaction of proof of -30,000.0 claim	7100-000			581,132.13
01/31/18		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		741.80	580,390.33
02/28/18		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		779.15	579,611.18
03/14/18	{20}	Becton, Dickinson and Company	Preference Settlement	1241-000	7,500.00		587,111.18
03/22/18	107	ROBERT E. EGGMANN	Court Order of 3/070/18 Doc 101	3210-000		37,589.50	549,521.68
03/30/18		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		835.47	548,686.21
04/04/18	{7}	Charley Campbell	A/R	1121-000	46.12		548,732.33
04/04/18	{7}	Charley Campbell	A/R	1121-000	25.00		548,757.33
04/04/18	{7}	Charley Campbell	A/R	1121-000	50.00		548,807.33
04/04/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		548,817.33
04/04/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		548,827.33

Subtotals: \$133,530.23 \$79,679.58

Page: 4

Form 2 Cash Receipts And Disbursements Record

 Case Number:
 17-10079-399

 Trustee:
 CHARLES W. RISKE (450460)

 Case Name:
 SOUTHEAST HEALTH CENTER OF REYNOLDS
 Bank Name:
 Rabobank, N.A.

Period Ending: 05/09/19

Account: ******5866 - Checking Account

Separate Bond: N/A

Taxpayer ID #: **-***0575 **Blanket Bond:** \$54,523,076.00 (per case limit)

1	2	3	4		5	6	7
Trans. Date	{Ref #} / Check #	Paid To / Received From	Description of Transaction	T-Code	Receipts \$	Disbursements	Checking Account Balance
04/04/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		548,837.33
04/04/18	{7}	Southeast Health	A/R	1121-000	10.00		548,847.33
04/04/18	{21}	Devos, Ltd	Pharmacuetical returns	1229-000	7,940.43		556,787.76
04/04/18	{22}	Rudel Corporation	Class Action Settlement	1229-000	0.04		556,787.80
04/04/18	{7}	United HealthCare Svs Inc	A/R	1121-000	112.94		556,900.74
04/16/18	{20}	Charter Communications	Preference Settlement	1241-000	9,309.40		566,210.14
04/30/18		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		776.86	565,433.28
05/31/18		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		894.69	564,538.59
06/25/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		564,548.59
06/25/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		564,558.59
06/25/18	{7}	Southeast Health	A/R	1121-000	249.78		564,808.37
06/25/18	{23}	Leehar Distributors	Rebate	1229-000	148.00		564,956.37
06/25/18	{23}	Leehar Distributors	Rebate	1229-000	9.82		564,966.19
06/25/18	{7}	CMS	A/R	1121-000	152.00		565,118.19
06/29/18		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		785.02	564,333.17
07/31/18		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		865.82	563,467.35
08/10/18	{15}	Guaranteed Returns	Returned Drugs	1229-000	152.47		563,619.82
08/10/18	{15}	Guaranteed Returns	Returned Drugs	1229-000	169.11		563,788.93
08/10/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		563,798.93
08/10/18	{7}	Southeast Health	A/R	1121-000	621.53		564,420.46
08/10/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		564,430.46
08/31/18		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		838.31	563,592.15
09/28/18		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		432.34	563,159.81
10/23/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		563,169.81
10/23/18	{7}	Health Scope Benefits	Account Receivable	1121-000	604.21		563,774.02
10/31/18		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		509.27	563,264.75
11/30/18		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		462.95	562,801.80
12/20/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		562,811.80
12/20/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		562,821.80
12/20/18	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		562,831.80
02/25/19	{7}	Gregory Tindle, Jr.	A/R	1121-000	10.00		562,841.80
02/25/19	{7}	Devos, Ltd	Pharmacuetical returns	1121-000	164.83		563,006.63
02/25/19	{7}	Devos, Ltd	Pharmacuetical returns	1121-000	42.00		563,048.63
03/11/19	108	ROBERT E. EGGMANN	Court Order of 02/21/19 Doc 124	3210-000		5,712.00	557,336.63
03/11/19	109	ROBERT E. EGGMANN	Court Order of 02/21/19 Doc 124	3220-000		10.00	557,326.63
03/13/19	110	Clerk - U.S. Bankruptcy Court	Final Cost Bill	2700-000		2,450.00	554,876.63
04/08/19	{7}	Southeast Health Center of Ripley	A/R	1121-000	333.08		555,209.71
- '		•	•	Subtotals :	\$20 119 64	\$13 737 26	

Subtotals: \$20,119.64 \$13,737.26

{} Asset reference(s) Printed: 05/09/2019 03:54 PM V.14.50

Account:

Exhibit B

Page: 5

Form 2 **Cash Receipts And Disbursements Record**

Case Number: 17-10079-399

Taxpayer ID #: **-***0575

Period Ending: 05/09/19

Case Name:

Trustee: CHARLES W. RISKE (450460)

Bank Name: Rabobank, N.A.

*****5866 - Checking Account

Blanket Bond: \$54,523,076.00 (per case limit)

Separate Bond: N/A

1	2	3	4		5	6	7
Trans. Date	{Ref #} / Check #	Paid To / Received From	Description of Transaction	T-Code	Receipts \$	Disbursements \$	Checking Account Balance
		County					
			ACCOUNT TOTALS		701.543.47	146.333.76	\$555.209.71

Less: Bank Transfers 0.00 0.00 701,543.47 146,333.76 Subtotal 0.00 Less: Payments to Debtors \$146,333.76 **NET Receipts / Disbursements** \$701,543.47

701,543.47 Net Receipts: 160,321.78 Plus Gross Adjustments:

SOUTHEAST HEALTH CENTER OF REYNOLDS

Net Estate: \$861,865.25

Net Net Account **TOTAL - ALL ACCOUNTS** Receipts Disbursements **Balances** Checking # *****5866 555,209.71 701,543.47 146,333.76 \$555,209.71 \$701,543.47 \$146,333.76

{} Asset reference(s) Printed: 05/09/2019 03:54 PM V.14.50 Case 17-10079 Doc 134 Filed 05/17/19 Entered 05/17/19 13:09:17 Main Document Pg 10 of 15 Page: 1

Claims Register

Case: 17-10079-399 SOUTHEAST HEALTH CENTER OF REYNOLDS

Claims Bar Date: 05/18/17 Claim Claimant Name / Claim Type/ Claim Ref./ Amount Filed/ Paid Claim Number **Date Filed** <Category>, Priority **Notes** to Date **Balance** Allowed \$774.49 CHARLES W. RISKE Admin Ch. 7 \$0.00 \$774.49 215 CHESTERFIELD BUSINESS PWY 01/31/17 \$774.49 CHESTERFIELD, MO 63005 <2200-00 Trustee Expenses>, 200 CHARLES W. RISKE Admin Ch. 7 \$46,343.26 \$0.00 \$46,343.26 215 CHESTERFIELD BUSINESS PWY 01/31/17 \$46,343.26 CHESTERFIELD, MO 63005 <2100-00 Trustee Compensation>, 200 ROBERT E. EGGMANN Admin Ch. 7 \$3,582.50 \$0.00 \$3,582.50 01/31/17 \$3,582.50 Carmody MacDonald 120 S. Central Avenue - Suite 1800 ST. LOUIS, MO 63105 <3210-00 Attorney for Trustee Fees (Other Firm)>, 200 1 Missouri Department of Social Services Unsecured \$6,300,017.00 \$0.00 \$5,967,086.18 \$5.967.086.18 MO Healthnet Division 03/29/17 P.O. Box 6500 Claim reduced per court order. DOC 125 Jefferson City, MO 65102-6500 <7100-00 General Unsecured § 726(a)(2)>, 610 \$258,207.56 2 Ozark Hills Care Center LLC Unsecured \$0.00 \$0.00 430 County Road 792 04/25/17 Claim deemed paid in ull per court order. DOC 103 Ellington, MO 63638 <7100-00 General Unsecured § 726(a)(2)>, 610 \$90.000.00 3 Diana Koening Unsecured \$0.00 \$90,000.00 PO Box 903 \$90,000.00 05/11/17 West Plains, MO 65775 <7100-00 General Unsecured § 726(a)(2)>, 610 4P Advanced Health Care Management Priority \$104,089.22 \$0.00 \$0.00 Services, L.L.C. 05/17/17 \$0.00 c/o Goldstein & Pressman, P.C. Claim satisfied per court order. DOC 102 10326 Old Olive Street Road St. Louis, MO 63141 <5800-00 Claims of Governmental Units>, 570 4U \$1,464,736.11 Advanced Health Care Management Unsecured \$0.00 \$0.00 Services, L.L.C. \$0.00 05/17/17 c/o Goldstein & Pressman, P.C. Claim satisfied per court order. DOC 102 10326 Old Olive Street Road St. Louis, MO 63141 <7100-00 General Unsecured § 726(a)(2)>, 610

Case 17-10079 Doc 134 Filed 05/17/19 Entered 05/17/19 13:09:17 Main Document Pg 11 of 15 Page: 2

Claims Register

Case: 17-10079-399 SOUTHEAST HEALTH CENTER OF REYNOLDS

Claims Bar Date: 05/18/17 Claim Claimant Name / Claim Type/ Claim Ref./ Amount Filed/ Paid Claim **Date Filed Notes** Number <Category>, Priority to Date **Balance** Allowed 5 \$332.91 CharterSpectrum Unsecured \$0.00 \$332.91 7815 Crescent Executive Drive 4th Floor 05/17/17 \$332.91 Charlotte, NC 28217 <7100-00 General Unsecured § 726(a)(2)>, 610 \$206.78 6 CharterSpectrum Unsecured \$0.00 \$206.78 \$206.78 7815 Crescent Executive Drive 4th Floor 05/17/17 Charlotte, NC 28217 <7100-00 General Unsecured § 726(a)(2)>, 610 7 CharterSpectrum Unsecured \$674.06 \$0.00 \$674.06 7815 Crescent Executive Drive 4th Floor 05/17/17 \$674.06 Charlotte, NC 28217 <7100-00 General Unsecured § 726(a)(2)>, 610 8 CharterSpectrum Unsecured \$487.67 \$0.00 \$487.67 \$487.67 7815 Crescent Executive Drive 4th Floor 05/17/17 Charlotte, NC 28217 <7100-00 General Unsecured § 726(a)(2)>, 610 9 CharterSpectrum \$934.27 Unsecured \$934.27 \$0.00 7815 Crescent Executive Drive 4th Floor 05/17/17 \$934.27 Charlotte, NC 28217 <7100-00 General Unsecured § 726(a)(2)>, 610 10 CharterSpectrum \$1,135.21 Unsecured \$0.00 \$1,135.21 \$1,135.21 7815 Crescent Executive Drive 4th Floor 05/17/17 Charlotte, NC 28217 <7100-00 General Unsecured § 726(a)(2)>, 610 11 CharterSpectrum \$53.88 Unsecured \$0.00 \$53.88 \$53.88 7815 Crescent Executive Drive 4th Floor 05/17/17 Charlotte, NC 28217 <7100-00 General Unsecured § 726(a)(2)>, 610 12 CharterSpectrum \$8.95 Unsecured \$0.00 \$8.95 7815 Crescent Executive Drive 4th Floor 05/17/17 \$8.95 Charlotte, NC 28217 <7100-00 General Unsecured § 726(a)(2)>, 610 13 CharterSpectrum \$671.92 Unsecured \$0.00 \$671.92 7815 Crescent Executive Drive 4th Floor 05/17/17 \$671.92 Charlotte, NC 28217 <7100-00 General Unsecured § 726(a)(2)>, 610 14 Missouri Dept of Labor & Industrial \$2,410,41 Priority \$0.00 \$2,410.41 Relations 07/20/17 \$2,410.41 Missouri Division of Employment Security P.O. Box 59,Attn: Legal Counsel

Case 17-10079 Doc 134 Filed 05/17/19 Entered 05/17/19 13:09:17 Main Document Printed: 05/09/19 03:54 PM Page: 3

Claims Register

Case: 17-10079-399 SOUTHEAST HEALTH CENTER OF REYNOLDS

Claim Number

Claimant Name / <category>, Priority</category>	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance		
Jefferson City, MO 65104-0059							
<5800-00 Claims of Governmenta	l Units>, 570						

Case Total: \$0.00 \$6,114,702.49

Claims Bar Date: 05/18/17

Case 17-10079 Doc 134 Filed 05/17/19 Entered 05/17/19 13:09:17 Main Document Pg 13 of 15

TRUSTEE'S PROPOSED DISTRIBUTION

Exhibit D

Case No.: 17-10079-399

Case Name: SOUTHEAST HEALTH CENTER OF REYNOLDS

Trustee Name: CHARLES W. RISKE

Balance on hand:

555,209.71

Claims of secured creditors will be paid as follows:

Claim No.	Claimant	Claim Asserted	2 01 1	Interim Payments to Date	
		None			

Total to be paid to secured creditors: \$\) 0.00

Remaining balance: \$\) 555,209.71

Applications for chapter 7 fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	*
Trustee, Fees - CHARLES W. RISKE	46,343.26	0.00	46,343.26
Trustee, Expenses - CHARLES W. RISKE	774.49	0.00	774.49
Attorney for Trustee, Fees - ROBERT E. EGGMANN	3,582.50	0.00	3,582.50

Total to be paid for chapter 7 administration expenses: \$\\ 50,700.25\$

Remaining balance: \$\\ 504,509.46\$

Applications for prior chapter fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	
None			

In addition to the expenses of administration listed above as may be allowed by the Court, priority claims totaling \$2,410.41 must be paid in advance of any dividend to general (unsecured) creditors.

Allowed priority claims are:

Claim	Claimant	Allowed Amount	Interim Payments	Proposed
No		of Claim	to Date	Payment
	Missouri Dept of Labor & Industrial Relations	2,410.41	0.00	2,410.41

Case 17-10079 Doc 134 Filed 05/17/19 Entered 05/17/19 13:09:17 Main Document Pg 14 of 15

The actual distribution to wage claimants included above, if any, will be the proposed payment less applicable withholding taxes (which will be remitted to the appropriate taxing authorities).

Timely claims of general (unsecured) creditors totaling \$ 6,061,591.83 have been allowed and will be paid *pro rata* only after all allowed administrative and priority claims have been paid in full. The timely allowed general (unsecured) dividend is anticipated to be 8.3 percent, plus interest (if applicable).

Timely allowed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	*
1	Missouri Department of Social Services	5,967,086.18	0.00	494,270.87
3	Diana Koening	90,000.00	0.00	7,454.96
5	CharterSpectrum	332.91	0.00	27.58
6	CharterSpectrum	206.78	0.00	17.13
7	CharterSpectrum	674.06	0.00	55.83
8	CharterSpectrum	487.67	0.00	40.40
9	CharterSpectrum	934.27	0.00	77.39
10	CharterSpectrum	1,135.21	0.00	94.03
11	CharterSpectrum	53.88	0.00	4.46
12	CharterSpectrum	8.95	0.00	0.74
13	CharterSpectrum	671.92	0.00	55.66

Total to be paid for timely general unsecured claims: \$ 502,099.05

Remaining balance: \$ 0.00

Tardily filed claims of general (unsecured) creditors totaling \$ 0.00 have been allowed and will be paid *pro rata* only after all allowed administrative, priority and timely filed general (unsecured) claims have been paid in full. The tardily filed claim dividend is anticipated to be 0.0 percent, plus interest (if applicable).

Tardily filed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount Inter of Claim	rim Payments to Date	Proposed Payment
None				
Total to be paid for tardy general unsecured claims: \$			0.00	
Remaining balance:		\$	0.00	

Subordinated unsecured claims for fines, penalties, forfeitures, or damages and claims ordered subordinated by the Court totaling \$ 0.00 have been allowed and will be paid <u>pro rata</u> only after all allowed administrative, priority and general (unsecured) claims have been paid in full. The dividend for subordinated unsecured claims is anticipated to be 0.0 percent, plus interest (if applicable).

Subordinated unsecured claims for fines, penalties, forfeitures or damages and claims ordered subordinated by the Court are as follows:

Claim No	Claimant	Allowed Amount of Claim	-	*
None				
Total to be paid for subordinated claims: \$			0.00	

Remaining balance:

0.00